



**STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
DIVISION OF EMS**

**Ambulance Licensure
& Inspection Manual**

January 2009

PART I

GENERAL INFORMATION

INTRODUCTION

This manual is intended to provide ambulance services with guidance to ensure that all EMS vehicles (herein referred to as ambulances) are properly licensed and inspected as required by the State of Rhode Island. The Rhode Island Department of Health, Division of EMS, (herein referred to as RIDOH) is the office charged with regulating and coordinating emergency medical services within the State of Rhode Island. All information provided in this document is intended to supplement the *Rules and Regulations Pertaining to Emergency Medical Services*, as amended, as well as any applicable statutes, policies, procedures, and orders.

As established by Rhode Island General Laws and the *Rules and Regulations Pertaining to Emergency Medical Services*, no person shall operate, maintain, or otherwise use any aircraft, motor vehicle, or any other means of transportation as an ambulance without a valid Certificate of Inspection and current Rhode Island Ambulance License. **Ambulance refers to any vehicle equipped and/or used to provide emergency treatment and/or transportation of the sick and injured.** Accordingly, any vehicle provisioned with medical equipment and supplies for patient care under Rhode Island protocols, other than basic first aid, must be duly licensed as described herein.

A licensed ambulance must be fully stocked and equipped at all times in accordance with the minimum equipment standards defined herein as applies to the ambulance's license class. Regardless of inspection, any deficiency (i.e., an inoperable piece of equipment or missing medication) not corrected within the permitted correction period renders the vehicle unsuitable for patient care and must be corrected before the vehicle may again be used as an ambulance. If extraordinary or unusual circumstances impact compliance, a service may apply for a variance specific to Section 17 of the *Rules and Regulations Pertaining to Emergency Medical Services*.

For clarity, the following definitions shall apply throughout this document:

- ❑ **Certificate of Inspection** refers to the sticker applied to the ambulance's windshield upon successful completion of an annual inspection.
- ❑ **Ambulance License** refers to the annual license issued by the Department of Health that permits the vehicle to be used as an ambulance

CERTIFICATE OF INSPECTION

All ambulances require a current annual Certificate of Inspection as a condition of licensure. The Certificate of Inspection is indicated by a sticker affixed to the left inside of the windshield by the Inspector upon successful completion of the inspection. This annual inspection is generally conducted in conjunction with renewal of the annual Ambulance License (see below.) In addition, RIDOH staff may at times conduct random, unannounced inspections as described herein.

Inspections will be performed by the RIDOH Field Technician or any member of RIDOH staff authorized to act in his/her capacity. This person is herein referred to as the Inspector.

ANNUAL INSPECTION

All licensed ambulances are subject to annual inspection for purposes of issuing an annual Certificate of Inspection.

The annual inspection may be scheduled at any time of year subject to the

Inspector's discretion and availability (generally during normal working hours Monday through Friday 8:30am to 4:00pm.)

A vehicle is expected to be available for annual inspection upon seven (7) business days' notice. Exceptions will be considered on a case-by-case basis. This notice does not apply to spot inspections as described below. The Inspector will generally attempt to inspect all vehicles from a given service during one visit (except for services with multiple locations across the state.) During inspection, each vehicle is expected to be in "run last" status, meaning that it will not be dispatched to an emergency call unless no other unit is readily available within the service. Services should plan accordingly to ensure coverage of their district during inspection.

A service representative must be available to meet and assist the Inspector during the inspection. This individual must be an EMT and must be familiar with the vehicle or vehicles being inspected.

License renewal application and payment (if applicable) must be received by RIDOH prior to inspection.

Each vehicle will be inspected (and Certificate of Inspection issued) at the class of primary licensure indicated on the renewal application (i.e., not their reserve class if the vehicle has both a primary and reserve class.)

RANDOM/SPOT INSPECTION

A RIDOH Inspector may inspect, at any time and without prior notice, any ambulance, equipment and/or supplies at any time and any place. Such inspections will typically occur at the hospital (after completing a run) or in quarters unless significant reason exists to do otherwise.

The Inspector may spot check random items or may conduct a full inspection following the same format as an annual inspection. The Inspector will also verify licensure and status of the vehicle's crew.

The Inspector will not needlessly detain any ambulance that legitimately has a pending run or if the inspection would conflict with a service's operational constraints (i.e., change-of-shift.) Otherwise, the ambulance's crew will notify their service via telephone or two-way radio that they are out of service for inspection and shall assist the Inspector as needed.

If a vehicle satisfactorily passes a random full inspection, RIDOH may, at its sole discretion, substitute this inspection for the normal scheduled annual inspection.

A Certificate of Inspection is not issued for spot/random inspections unless this inspection is substituted for a normal annual inspection. Consequently, no fee is assessed for spot/random inspection unless an annual Certificate of Inspection is issued.

NEW VEHICLE INSPECTION

Prior to obtaining an initial Ambulance License, all candidate vehicles must obtain an initial Certificate of Inspection and meet all RIDOH requirements for new vehicles (including inspection for Federal "KKK" Standards or Rhode

Island standards for non-transporting vehicle as applicable.) Inspections for new ambulances are scheduled subject to the Inspector's availability and may be performed either at the service's location or at RIDOH as determined by the Inspector.

A new ambulance is one which a service is licensing for the first time (an "initial license" as opposed to a renewal.) Thus a used vehicle will be considered "new" for licensing purposes if the service has never licensed it before. As defined in *Rules and Regulations Pertaining to Emergency Medical Services*, at no time may a vehicle's Ambulance License be transferred from one owner to another. Should vehicle ownership be transferred from one entity to another, any existing Ambulance License is immediately void and the receiving service must apply for a new license for that vehicle before it can be placed in service as an ambulance.

An application for initial Ambulance License and payment (if applicable) must be received by RIDOH prior to inspection.

If vehicle passes inspection, a Certificate of Inspection will be issued. Once a Certificate of Inspection is issued, the vehicle may be used pending processing of initial Ambulance License. Said license will be issued by RIDOH within five (5) business days. Should extenuating circumstances delay issuing the new license, RIDOH will provide the service with written permission to continue using the vehicle as an ambulance pending receipt of the Ambulance License.

A vehicle will not be issued an Ambulance License until a Certificate of Inspection has been successfully obtained. If one or more deficiencies are found, they must be corrected as described in *Deficiencies* below or permission to use vehicle will lapse automatically at the end of the correction period (see *Deficiencies* below.)

DEFICIENCIES

Deficiencies are any items that do not fully satisfy RIDOH minimum requirements as described herein or as listed on the Ambulance Inspection Report. Items may not be considered acceptable if they are damaged, discolored, or their original packaging is compromised in any way (subject to the Inspector's discretion). Additionally, medications and supplies WILL NOT be acceptable if they have passed their manufacturer's expiration date, as consistent with FDA standards and other applicable guidelines. Furthermore, any equipment, supplies, or medications not permitted for EMS use under the vehicle's license class must be removed before a Certificate of Inspection can be issued.

Deficiencies will fall into one of two categories:

- **Critical Deficiencies** are those which preclude the vehicle's further use for EMS functions until corrected (e.g., no cardiac defibrillator, no oxygen cylinder.)
- **Correctable Deficiencies** are those for which some period of time is allowed to correct as shown on the Ambulance Inspection Report. This period of time is referred to as the "correction period."

For those deficiencies which the service is able to remedy on the spot (e.g., replacement of an expired medication), the Inspector will exercise reasonable discretion in permitting the service to do so. This generally means that the service must be able to correct the deficiency within the time it takes for the Inspector to complete the rest of the inspection. When a deficiency is corrected during the inspection, the Inspector will update the Ambulance Inspection Report accordingly. Otherwise the deficiency will stand.

It shall at no time be acceptable to move equipment or supplies from one vehicle to another during the inspection process unless a surplus of equipment exists on the transferring vehicle and the Inspector has approved the transfer.

If one or more deficiencies are found during the inspection, the Inspector will issue the service representative a notice of deficiency clearly indicating:

- What items are deficient;
- How long the permitted correction period is for each item.

As stated on the notice of deficiency:

- The vehicle's license will be automatically suspended at the end of the specified correction period should the service fail to correct all deficiencies and/or fail to notify RIDOH in writing thereof;
- Once the vehicle's license has been suspended, the service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH.

REINSPECTION

Should a vehicle be found deficient in three (3) or more items from the Immediate or 24-Hour Correction lists, a complete re-inspection of the vehicle will be required unless waived by the Chief of EMS. A fee will be assessed for all re-inspections (except for exempt services) and must be paid prior to the re-inspection.

INSPECTION REPORT

At the conclusion of any inspection, the service will be provided with a copy of the Ambulance Inspection Report as well as any notice of deficiency form and/or New Vehicle Inspection Report as applicable.

Once an ambulance has passed annual inspection, the Inspector will affix a new Certificate of Inspection sticker to the left inside of the windshield. This sticker will indicate the year in which the inspection was conducted.

AMBULANCE LICENSE

Appropriate licensure of all ambulances is the sole responsibility of the ambulance service. Additionally, an Ambulance License is only valid in conjunction with a current Ambulance Service License in good standing.

BASIC REQUIREMENTS

Detailed requirements for an Ambulance License are described in *Rules and Regulations Pertaining to Emergency Medical Services*, as amended. These requirements include a current Certificate of Inspection being obtained prior to re-licensure. New vehicles must also pass a new vehicle inspection as described herein.

RENEWAL

License renewal paperwork is generally sent out ninety (90) days before expiration. If this paperwork is not received for a particular vehicle or vehicles, it is the service's responsibility to obtain new forms from RIDOH and submit them on time with payment (if applicable.)

License renewal paperwork and payment (if applicable) must be submitted AT LEAST sixty (60) days prior to the Ambulance License expiration date or RIDOH will not guarantee license renewal before expiration date.

LAPSE OF LICENSE

Should an Ambulance License lapse/expire (whether due to non-renewal or failure to cure a deficiency), the vehicle MAY NOT be used as an ambulance under Rhode Island law unless otherwise notified in writing by RIDOH. The only exception will generally be when completed renewal paperwork has been submitted on time, all inspections are completed, and RIDOH is delayed in processing the license.

SURRENDER OF LICENSE

When an ambulance is permanently removed from service, the ambulance service must notify RIDOH thereof and surrender the Ambulance License as required by the *Rules and Regulations Pertaining to Emergency Medical Services*. This includes vehicles transferred to another service (in which case the acquiring service must apply for a new Ambulance License.)

TECHNICAL ASSISTANCE

Division of EMS staff are available to services for consultation, advice, questions, etc. regarding inspection, licensure, new vehicle specifications, etc.

ENFORCEMENT

The following are applicable to the enforcement of all policies and procedures prescribed herein.

ACTIONS

Should a vehicle be found deficient during inspection, the service representative present will be issued a notice of deficiency as described in *Deficiencies* above. This notice will indicate the date upon which the vehicle's Ambulance License (or permission to use in the case of new vehicles) will automatically be suspended should all deficiencies not be corrected and RIDOH not be notified of the corrections.

When a notice of deficiency has been issued and RIDOH has received no notice of correction by the specified date, a vehicle's license is automatically suspended (as described above) and the vehicle MAY NOT be used as an ambulance under Rhode Island law unless otherwise notified in writing by RIDOH. A letter confirming the suspension will be sent to the service chief of record via certified mail.

Should RIDOH learn that a service is continuing to utilize a vehicle as an ambulance in the absence of a valid Ambulance License, a complaint will be opened against the service and disciplinary action taken as warranted against both the service and the personnel who knowingly use the vehicle.

NOTIFICATION PROCESS

Every ambulance service is responsible for complying with all rules, regulations, statutes, and other applicable standards regardless of whether or not they receive formal notification from the RIDOH. This includes compliance with the provisions described in a notice of deficiency.

Notifications to RIDOH (regarding licensure changes, correction of deficiencies, etc.) must be in writing via US Mail, fax, or email.

ARBITRATION & INTERPRETATION

All interpretation of these policies shall be at the discretion of the EMS Chief of RIDOH.

Should an ambulance service wish to contest any determination by the Chief, the service chief of record (or his/her designee) may submit to the Department of Health a written summation for review. During an appeal, any orders from RIDOH (i.e., suspension of license, etc.) remain in full effect unless otherwise notified in writing from RIDOH.

PART II
DEFINITIONS

DEFINITIONS

Where required according to *Part III: Minimum Equipment Requirements*, the following shall serve as definitions for each required item.

IMPORTANT NOTE: Not every item defined below is applicable to every vehicle. *Part III: Minimum Equipment Requirements* indicates which of the following are required, optional, or disallowed for each class of vehicle. Also, please note that should a service elect to carry an item considered optional, that item must conform to the standards described herein (e.g., pulse oximeter, blood glucometer, etc.)

GENERAL REQUIREMENTS

Complete Tool Kit

Vehicle must have an emergency/extrication toolkit consisting of the following:

- 1 open-end adjustable wrench (preferably 12 inch)
- 1 screwdriver regular blade (preferably 12 inch)
- 1 screwdriver, Phillips type (preferably 12 inch)
- 1 hacksaw with blades
- 1 pliers, vise-grip type
- 1 hammer (3 pound)
- 1 crowbar (at least 24 inch)
- 1 battery cable cutter
- 2 ropes (at least ½" inch diameter, 50 feet long)
- 2 pair safety goggles
- 1 pair work gloves

DOT Inspection Sticker

Vehicle must have a current DOT inspection sticker where required by Rhode Island law and DOT/RIDMV regulations.

DOT Registration

Vehicle must have current Certificate of Registration available for inspection.

Drive Shaft Hanger

Vehicle must be provided with a driveshaft hanger to protect against pole vaulting in the event of driveshaft or U-joint failure. In the case where there is a split drive shaft, a hanger must be present on both drive shafts.

Exhaust System

Vehicles exhaust system must function properly and be free of leaks and/or damage.

Fire Extinguishers

Vehicle must be equipped with at least two (2) mounted, charged fire extinguishers with a capacity of five (5) pounds or greater each, CO2 or dry powder, approved by Underwriter's Laboratory (UL), with at least one (1) mounted in the patient compartment (in the case of transporting vehicles.)

Free from Rust/Dents

Vehicle must be free of rust, dents and/or other body damage that impede the function of the vehicle or render the vehicle unroadworthy.

Patient Care Protocols	Vehicle must have a complete copy of the current <i>Rhode Island Prehospital Care Protocols and Standing Orders</i> .
Patient Compartment Lighting	Vehicle must have functional patient compartment lighting as required by applicable Federal KKK specifications.
Non-Emergency Exterior Lighting	All exterior lighting must be operating properly including headlamps, turn signals, brake lights, reverse lights, marker lights, and clearance lights.
Paint/Markings	Vehicle must have appropriate paint and markings as required by applicable Federal KKK specifications and RIDOH standards.
Communication with Dispatcher	Vehicle must have as minimum a two-way voice communications system between the vehicle and its dispatcher.
Communication with Hospital	Vehicle must have a two-way voice communications system between the vehicle and a hospital emergency department.
Emergency Lights	Vehicle must have functional emergency warning lights as required by applicable Federal KKK specifications and RIDOH standards.
Siren	Vehicle must have a functional siren as required by applicable Federal KKK specifications and RIDOH standards.
Triangle Reflectors or Flares	Vehicle must have a minimum of three (3) triangular reflectors or three (3) reflective cones, or three (3) road flares.

BLS SUPPLIES & EQUIPMENT

Adhesive Tape	Vehicle must be stocked with hypoallergenic adhesive tape or equivalent in assorted sizes.
Blood Pressure Cuffs	Vehicle must be provisioned with manual blood pressure cuffs in (at a minimum) adult, child, and infant sizes. All components must be clean and in good working condition. A blood pressure set consisting of a single sphygmomanometer with multiple cuff sizes is acceptable.
Blood Glucose Meter (Glucometer)	Unit should have charged battery, a minimum of ten (10) testing strips, alcohol prep pads or equivalent, and band aids/gauze. Unit must be maintained in accordance with manufacturer's recommendations.
Cold Packs	Vehicle must be stocked with a minimum of three (3) chemical cold compresses.
Conforming Bandages ("Kling")	Vehicle must be stocked with soft roll self-adhering type bandage (i.e., Kling®) including six (6) 2-3", six (6) 4" and six (6) 6" rolls. Must be sealed in original, unopened manufacturer's packaging.
MAST Trousers (Adult)	Vehicle must be stocked with at least one (1) adult-size Pneumatic Anti-Shock Garment (PASG.) Non-inflatable garments are unacceptable.

MAST Trousers (Pediatric)	Vehicle must be stocked with at least one (1) pediatric-size Pneumatic Anti-Shock Garment (PASG.) Non-inflatable garments are unacceptable.
Obstetrics Kit	Vehicle must be stocked with at least one (1) sterile obstetrical kit. Must be sealed in original, unopened manufacturer's packaging.
Pediatric Dosing Device	Vehicle must be stocked with at least one (1) Pediatric Dosing Device (Broselow Tape®, Pedi-Wheel® or equivalent.) Device must be 2005 AHA Compliant.
Rectal Thermometer	Vehicle must be stocked with at least one (1) mercury-free rectal thermometer.
Trauma Shears	Vehicle must be stocked with at least one (1) pair of trauma shears or scissors.
Splints	Vehicle must be stocked with two (2) or more splints (may be padded board, ladder splints, or cardboard) sized to fit both pediatric and adult patients.
Sterile Burn Sheets	Vehicle must be stocked with two (2) or more sterile burn sheets, sealed in original, unopened manufacturer's packaging.
Sterile Gauze	Vehicle must be stocked with sterile gauze pads in assorted sizes. Must be sealed in original, unopened manufacturer's packaging.
Stethoscope	Vehicle must be provisioned with at least one (1) adult-size stethoscope.
Traction Splint (Adult)	Vehicle must be provisioned with at least one (1) adult-size traction splinting device (i.e. Hare®, Sager® or equivalent.)
Traction Splint (Pediatric)	Vehicle must be provisioned with at least one (1) pediatric traction splinting device (i.e. Hare®, Sager® or equivalent.)
Trauma Dressings	Vehicle must be provisioned with at least three (3) trauma dressings. Must be sealed in original, unopened manufacturer's packaging.
Triangular Bandages	Vehicle must be provisioned with at least six (6) cloth triangular bandages.

EXTRICATION & TRANSPORT

Cervical Collars	Vehicle must be stocked with cervical collars in small, medium, large, and pediatric sizes. Adjustable collars are acceptable but must be available in both adult and pediatric sizes. Collars must be clean and in good condition with no damaged parts.
Child Seat	Vehicle must be provisioned with a child restraint seat fitting children from newborn to 4 years of age. Seat must be compliant with current Federal Motor Vehicle Safety Standards (FMVSS) requirements. NOTE: Services are responsible for transporting all patients in accordance with U.S. Department of Transportation (USDOT) and other standards as applicable.
Cervical Immobilization Device (Headblocks)	Vehicle must be equipped with at least one cervical immobilization device (i.e., headblocks.) The device must be clean and free of contamination.

Long Spine Board (Adult)	Vehicle must be equipped with at least one (1) adult-size long spine-board meeting AAOS standards, maintained in good condition and free of contamination.
Long Spine Board (Pediatric)	Vehicle must be equipped with at least one (1) pediatric-size long spine-board meeting AAOS standards, maintained in good condition and free of contamination.
Short Extrication Board	Vehicle must be equipped with at least one (1) short spine board with all necessary accessories. Commercially prepared devices such as the Kendrick Extrication Device (KED®) are acceptable.
Straps for Boards (4)	Vehicle must be equipped with at least four (4) 7-9' longboard straps in good condition and free of contamination. All straps must slide smoothly in buckles and hardware must be free of rust or other corrosion.
Stretcher/Straps/Mattress	Vehicle must be equipped with a stretcher having a mattress with a waterproof covering, three (3) mounted leg/torso straps, and two (2) shoulder straps.
Triage/Tracking Tags	Vehicle must be stocked with a minimum of twenty-five (25) Mettag® Triage tags (or equivalent) or other RIDOH-approved patient tracking system.

AIRWAY & VENTILATION

Bag-Valve-Masks	Vehicle must be stocked with disposable bag-valve-masks (BVMs) in adult, child, and infant sizes (at least one each.) BVMs must be clean, unused, and individually packaged.
Bite Stick	Vehicle must be provisioned with at least one (1) bite stick which may be either commercially prepared or made of tongue blades taped together and padded.
Cryothyrotomy Kit	Vehicle must be provisioned with at least one (1) cryothyrotomy kit which may be either commercially prepared or assembled from the necessary components. The kit must include (at a minimum): one (1) 4.0-6.0 cuffed ET tube, one (1) scalpel, one (1) face mask/shield, one (1) sterile 4x4 sterile gauze pad, one (1) syringe, one (1) povidone-iodine prep pad, and one (1) appropriate tube securing device. These components must be bundled together in kit form. Each component must in clean, unopened original manufacturer's packaging.
Endotracheal Intubation Kit	If equipped for oral/endotracheal intubation, kit must include laryngoscope handles and blades in adult and pediatric sizes as follows: Curved #2, 3, and 4; Straight #1, 2, 3 and 4. Blades may be either plastic or metal but must be clean and in good condition. Handles must have fully charged batteries and a working bulb. Kit must include an assortment of ET tubes in different sizes from 2.0mm to 10mm, flexible stylettes in adult and pediatric sizes, water-soluble lubricant, a 10cc syringe, spare batteries, spare bulbs, adult- and pediatric-size Magill forceps, a device to secure the ET tube in place, and an endotracheal tube placement verification device (color metric, end tidal CO ₂ , EDD.) Tubes and stylettes must be packaged individually in unopened, sterile manufacturer's packaging.

EOA Tube w/Mask	Vehicle must be stocked with a clean, unused Esophageal Obturator Airway (EOA) consisting of a mask, tube and 35cc syringe, in good condition and stored in manufacturer's packaging.
Main Oxygen Supply	Vehicle must be equipped with an onboard oxygen system having a capacity of at least 300 liters. This system must be clean, in good condition, and free of obvious leaks. The system must include at least two (2) regulators capable of delivering oxygen at flow rates ranging from 1 to 15 liters/minute.
Nasogastric Tubes	Vehicle must be stocked with an assortment of nasogastric tubes in sizes from 8.0 to 18 Fr. Each must be sealed in original, unopened manufacturer's packaging.
Nasopharyngeal Airways	Vehicle must be stocked with an assortment of nasopharyngeal airways in sizes from 20 to 36 Fr.
On-Board Suction	Vehicle must be equipped with a permanently-installed, electrically-powered suction aspirator system meeting KKK specifications.
Oropharyngeal Airways	Vehicle must be stocked with at least three oropharyngeal airways in small, medium, and large sizes (size range: 40mm to 120mm.)
Oxygen Cannulas	Vehicle must be stocked with nasal oxygen cannulas in adult, child, and infant sizes. Each must be sealed in original, unopened manufacturer's packaging.
Oxygen Masks	Vehicle must be stocked with non-rebreather type oxygen masks in adult, child, and infant sizes, minimum two (2) each. Each must be sealed in original, unopened manufacturer's packaging.
Oxygen Nebulizer	Vehicle must be stocked with at least one (1) small volume nebulizer with reservoir. Each must be sealed in original, unopened manufacturer's packaging.
Pleural Decompression Kit	Vehicle must be provisioned with at least one (1) pleural decompression kit which may be either commercially prepared or assembled from the necessary components. The kit must include (at a minimum): one (1) 14# x 2" IV catheter, one (1) 20cc syringe, one (1) stopcock, one (1) 4"x4" sterile gauze pad, one (1) povidone-iodine prep, and one (1) pair sterile gloves. These components must be bundled together in kit form. Each component must be in clean, unopened original manufacturer's packaging.
Portable Oxygen Cylinder	Vehicle must be equipped with at least one (1) portable oxygen cylinder (size D or larger) with a pressure gauge and regulator capable of delivering a range of one (1) to fifteen (15) liters per minute.
Portable Suction Unit	Vehicle must be equipped with either a hand-powered or battery-powered portable suction unit complete with disposable suction canister and all necessary tubing. If battery-powered, battery must be fully charged and unit must operate properly when tested.
Pulse oximeter	Vehicle must be equipped with a portable, non-invasive pulse oximeter in good working order with freshly charged batteries. Unit must be maintained in accordance with manufacturer's recommendations.

Suction Catheters w/ Tubing Vehicle must be stocked with both rigid (“tonsil-tip”) and French suction catheters. French catheters must be available in a variety of sizes from 5 to 18 Fr. All tubing and catheters must in clean, unopened manufacturer’s packaging.

Water-Soluble Lubricant Vehicle must be stocked with at least one (1) multi-use tube or three (3) single-use packages of water soluble lubricant (e.g., K-Y Jelly® or equivalent.)

INFECTION CONTROL

Biohazard/Refuse Container Vehicle must be equipped with at least one (1) biohazard/waste receptacle with disposable liner.

Body Substance Isolation Kits Vehicle must be stocked with at least two (2) disposable isolation kits. Each must contain (1) gown, (1) pair protective goggles, (1) pair gloves, (1) mask, (1) head cover and (1) biohazard bag.

Latex-Free Gloves Vehicle must be stocked with disposable latex-free gloves, preferably in multiple sizes.

Level-C PPE Sets Vehicle must be provisioned with at least two (2) Level-C PPE sets consisting of a Bullard PA30 PAPR, Tychem® suit, boots, gloves, chemical-resistant tape and carrying bag.

N 95 Masks Vehicle must be stocked with at least five (5) N-95 Respirator Masks.

Sharps Receptacle Vehicle must be equipped with at least one (1) rigid, disposable biohazardous sharps container. Container must not be full.

CARDIAC MONITORING & DEFIBRILLATION

Automatic External Defibrillator Vehicle must be equipped with an FDA-approved automatic external defibrillator (AED) compliant with American Heart Association (AHA) standards in effect at the time of purchase. The unit must operate according to manufacturer’s standards and be current on maintenance/servicing as prescribed by the manufacturer. The unit must have a fully charged battery and at least one (1) set of adult pads and one (1) set of pediatric pads (if applicable), unopened and appropriate to device.

NOTE: A manual defibrillator is an acceptable substitute for an AED only when the service is able to ensure the vehicle is staffed at all times by either ALS providers or EMT-Basics certified for Manual Defibrillation.

Cardiac Monitor & Defibrillator Vehicle must be equipped an FDA-approved cardiac monitor with manual defibrillator function and rhythm waveform display (both monophasic and biphasic types are acceptable.) The unit must be capable of synchronized cardioversion. If the unit has an AED capability, it must be compliant with American Heart Association standards in effect at the time of purchase. The unit must operate according to manufacturer’s standards and be current on maintenance/servicing

as prescribed by the manufacturer. The unit must have a fully charged battery. The unit must have either device-appropriate hands-free pads and/or paddles, in both adult and pediatric sizes, with conductive gel. The unit must have a working strip chart recorder with an adequate supply of paper. Electrodes for ECG tracings must be available in the vehicle.

IV SUPPLIES & EQUIPMENT

Antiseptic Wipes

Vehicle must be stocked with at least six (6) single-use antiseptic wipes (i.e., alcohol prep pads or equivalent.)

Blood Tubes

Vehicle must be stocked with blood collection tubes in assorted sizes.

Central Line Kit

Vehicle must be provisioned with at least one (1) central venous catheterization (central line) kit which may be either commercially prepared or assembled from the necessary components. The kit must include (at a minimum): one (1) paper drape, one (1) povidone-iodine prep, one (1) 25# x 1" anesthetizing needle, one (1) 22# x 1.5" anesthetizing needle, one (1) 18# x 2.5" introducer needle, two (2) 5mL syringes, one (1) J-tipped guide wire with housing and a straightener sleeve, one (1) scalpel with a No. 11 blade, skin dilator, one (1) catheter single-lumen or sheath introducer, gauze pads, suture set with curved needle, and 1% lidocaine. These components must be bundled together in kit form. Each component must in clean, unopened original manufacturer's packaging.

Constricting Bands

Vehicle must be stocked with at least two (2) latex-free IV tourniquets.

Intraosseous Infusion Device

Vehicle must be provisioned with at least one (1) intraosseous infusion device sized for pediatric patients. Vehicle may also be equipped with an adult-sized device for larger pediatric patients.

IV Drip Sets

Vehicle must be stocked with a minimum of four (4) intravenous solution administration sets (not including the 100mL Volumetric Burette defined elsewhere.) Administration sets must include at least one (1) 60gtts set and one (1) 10-15gtts set. All sets must in clean, unopened original manufacturer's packaging.

IV Catheters

Vehicle must be stocked with IV catheters including a minimum of two (2) each of the following: 14#, 16#, 18#, 20#, 22#, 24#. Catheters must be in clean, unopened manufacturer's original packaging.

IV Infusion Pump

Vehicle must be equipped with an IV infusion pump and PVC-free admin sets.

IV D5W

Vehicle must be stocked with at least one (1) bag of sterile intravenous solution of D5W, no smaller than 250mL. Fluid must be clear and free of precipitates. Bag must be sealed in original, unopened manufacturer's packaging.

IV Lactated Ringer's

Vehicle must be stocked with at least two (2) bags of sterile intravenous solution of Lactated Ringer's (LR), each no smaller than 1000mL. Fluid must be clear and free of precipitates. Bags must be sealed in original, unopened manufacturer's packaging.

IV Normal Saline	Vehicle must be stocked with at least two (2) bags of sterile intravenous solution of Normal Saline (NS), each no smaller than 1000mL. Fluid must be clear and free of precipitates. Bags must be sealed in original, unopened manufacturer's packaging.
Padded Arm Boards	Vehicle must be equipped with at least one (1) each adult- and pediatric-sized padded arm boards.
Stopcock 3- or 4-way	Vehicle must be provisioned with at least one (1) 3-way or 4-way stopcock, sealed in original, unopened manufacturer's packaging.
Syringes/Needles	Vehicle must be provisioned with syringes and needles in assorted sizes, including at least one (1) 50-60 mL syringe.
Volumetric Burette	Vehicle must be stocked with at least one (1) volumetric burette (100mL) for IV administration. Must be sealed in original, unopened manufacturer's packaging.

MEDICATIONS

Acetaminophen suppositories	Minimum three (3) 326mg suppositories
Activated Charcoal	Minimum one (1) 50g unit dose or (2) 25g doses
Adenosine	Minimum 30 mg
Albuterol solution	Minimum one (1) 2.5mg unit dose of 0.083% solution
Amiodarone (injectable)	Minimum 300mg
Amiodarone (admixture)	Optional
Antacid	Optional
Aspirin	Minimum 2000mg
Atropine	Minimum 3mg
British Anti-Lewisite	Optional
Calcium Chloride	Minimum 500mg
Calcium Gluconate	Optional
Cyanide antidote kit	Optional
Dextrose 25%	Optional
Dextrose 50%	Minimum 50g
Diazepam (rectal gel preparation)	Optional

Diltiazem	Optional
Diphenhydramine (injectable)	Minimum 50mg
Diphenhydramine (oral)	Minimum 50mg
Dopamine (admixture)	Optional
Epinephrine 1:10,000	Minimum 3mg
Epinephrine 1:1000 (ampules or vial)	Minimum 5mg
Epinephrine (admixture)	Optional
Epi-Pen autoinjector	Minimum of two (2) 0.3mg adult Epi-pen® and two (2) 0.15 Epi-pen Jr.® (May be substituted with vials, ampules, or Ana-kit®)
Furosemide	Minimum 240mg
Glucagon	Minimum one (1) 1mg unit dose
Glucose (oral)	Minimum one (1) 15g dose
Hydrocortisone Sodium Succinate	Minimum two (2) 100mg doses
Lidocaine (admixture)	Optional
Lidocaine (vials)	Minimum 300mg
Magnesium Sulfate	Minimum 2g
Midazolam	Minimum 20mg
Morphine	Optional
Naloxone	Minimum 10mg
Nitroglycerin	Tablets or oral spray
Organophosphate Antidote Autoinjectors	Minimum six (6) unit doses
Phenobarbital	Optional
Sodium Bicarbonate	Minimum one (1) 50mEq unit dose
Terbutaline	Optional
Tetracaine	Optional
Thiamine	Minimum 100mg
Verapamil	Minimum 15mg

PART III

MINIMUM EQUIPMENT

MINIMUM EQUIPMENT LIST

The following list indicates the minimum equipment required for each class of ambulance license, along with the time permitted to correct any deficiency. A detailed definition for each item listed may be found in *Part II: Definitions*.

✓ = REQUIRED O = OPTIONAL P = REQUIRED FOR PARAMEDIC CARE ONLY - = NOT PERMITTED

	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
General Requirements	Complete Tool Kit	✓	✓	✓ [A]	✓ [A]	✓ [A]	✓ [A]	10 bus. days
	DOT Inspection Sticker	✓	✓	✓	✓	✓	✓	24 hours
	DOT Registration	✓	✓	✓	✓	✓	✓	Immediate
	Drive Shaft Hanger	✓	✓	✓	-	-	-	10 bus. days
	Emergency Lights	✓ [B]	✓ [B]	✓ [B]	✓ [B]	✓ [B]	✓ [B]	Immediate
	Exhaust System	✓	✓	✓	✓	✓	✓	10 bus. days
	Fire Extinguishers	✓	✓	✓	✓	✓	✓	10 bus. days
	Free from Rust/Dents	✓	✓	✓	✓	✓	✓	10 bus. days
	Patient Compartment Lighting	✓	✓	✓	-	-	-	24 bus. hours
	Non-Emergency Exterior Lighting	✓	✓	✓	✓	✓	✓	2 bus. days
	Paint/Markings	✓	✓	✓	✓	✓	✓	10 bus. days
	Patient Care Protocols	✓	✓	✓	✓	✓	✓	2 bus. days
	Communication with Dispatcher	✓	✓	✓	✓	✓	✓	Immediate
	Communication with Hospital	✓	✓	✓	✓	✓	-	Immediate
	Siren	✓	✓	✓	✓	✓	✓	Immediate
	Triangle Reflectors or Flares	✓	✓	✓	O	O	O	10 bus. days

	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
BLS Supplies/Equipment	Adhesive Tape (assorted sizes)	✓	✓	✓	✓	✓	✓	Immediate
	Blood Glucose Meter (Glucometer)	O	O	O	O	O	O	n/a
	Blood Pressure Cuffs (all sizes)	✓	✓	✓	✓	✓	✓	Immediate
	Cold Packs	✓	✓	✓	✓	✓	✓	10 bus. days
	Conforming Bandages ("Kling")	✓	✓	✓	✓	✓	✓	10 bus. days
	Sterile Gauze (assorted sizes)	✓	✓	✓	✓	✓	✓	10 bus. days
	MAST Trousers (Adult)	✓	✓	✓	O	O	O	10 bus. days
	MAST Trousers (Pediatric)	O	O	O	O	O	O	n/a
	Obstetrics Kit	✓	✓	✓	O	O	O	10 bus. days
	Pediatric Dosing Device	✓	✓	✓	✓	✓	✓	10 bus. days
	Rectal Thermometer	✓	✓	✓	O	O	O	10 bus. days
	Trauma Shears	✓	✓	✓	✓	✓	✓	10 bus. days

BLS (cont'd.)

Splints (assorted sizes)	✓	✓	✓	✓	✓	✓	10 bus. days
Sterile Burn Sheets	✓	✓	✓	O	O	O	10 bus. days
Stethoscope	✓	✓	✓	✓	✓	✓	Immediate
Traction Splint (Adult)	✓	✓	✓	O	O	O	10 bus. days
Traction Splint (Pediatric)	O	O	O	O	O	O	n/a
Trauma Dressings	✓	✓	✓	✓	✓	✓	10 bus. days
Triangular Bandages	✓	✓	✓	✓	✓	✓	10 bus. days

Extrication/Transport

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Cervical Collars	✓	✓	✓	✓	✓	✓	Immediate
Cervical Immobilization Device	✓	✓	✓	O	O	O	10 bus. days
Child Seat	✓	✓	✓	O	O	O	10 bus. days
Long Spine Board (Adult)	✓	✓	✓	O	O	O	Immediate
Long Spine Board (Pediatric)	O	O	O	O	O	O	n/a
Short Extrication Board	✓	✓	✓	O	O	O	24 hours
Straps for Boards	✓	✓	✓	O	O	O	Immediate
Stretcher/Straps/Mattress	✓	✓	✓	-	-	-	Immediate
Triage/Tracking Tags	✓	✓	✓	O	O	O	10 bus. days

Airway/Ventilation

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Bag-Valve-Mask (all sizes)	✓	✓	✓	✓	✓	✓	Immediate
Bite Stick	✓	✓	✓	✓	✓	✓	10 bus. days
Cryothyrotomy Kit	P	P	-	P	P	-	10 bus. days
Endotracheal Intubation Kit	O	O	O	O	O	O	10 bus. days
EOA Tube w/Mask	✓	✓	✓	O	O	O	10 bus. days
Main Oxygen Supply	✓	✓	✓	O	O	O	Immediate
On-Board Suction	✓	✓	✓	O	O	O	Immediate
Oxygen Cannulas	✓	✓	✓	✓	✓	✓	24 hours
Nasogastric Tubes	P	P	-	P	P	-	10 bus. days
Nasopharyngeal Airways	✓	✓	✓	✓	✓	✓	Immediate
Oropharyngeal Airways	✓	✓	✓	✓	✓	✓	Immediate
Oxygen Masks (all sizes)	✓	✓	✓	✓	✓	✓	Immediate
Oxygen Nebulizer	✓	✓	✓	✓	✓	✓	Immediate
Pleural Decompression Kit	P	P	-	P	P	-	10 bus. days
Portable Oxygen Cylinder	✓	✓	✓	✓	✓	✓	Immediate
Portable Suction Unit	✓	✓	✓	✓	✓	✓	Immediate
Pulse Oximeter	O	O	O	O	O	O	n/a
Suction Catheters w/ Tubing	✓	✓	✓	✓	✓	✓	Immediate
Water Soluble Lubricant	✓	✓	✓	✓	✓	✓	10 bus. days

	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Infection Control	Biohazard/Refuse Container	✓	✓	✓	O	O	O	Immediate
	Body Substance Isolation Kits	✓	✓	✓	✓	✓	✓	24 hours
	Latex-Free Gloves	✓	✓	✓	✓	✓	✓	Immediate
	Level-C PPE Sets	✓	✓	✓	✓ [C]	✓ [C]	✓ [C]	10 bus. days
	N95 Masks	✓	✓	✓	✓	✓	✓	24 hours
	Sharps Receptacle	✓	✓	✓	✓	✓	✓	Immediate

	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Cardiac Care	Automatic External Defibrillator	O	O	✓ [D]	O	O	✓ [D]	Immediate
	Cardiac Monitor & Defibrillator	✓	✓	O	✓	✓	O	Immediate

	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
IV Supplies/Equipment	Antiseptic Wipes	✓	✓	-	✓	✓	-	10 bus. days
	Blood Tubes	✓	✓	-	✓	✓	-	10 bus. days
	Central Line Kit	P	P	-	P	P	-	10 bus. days
	Constricting Bands	✓	✓	-	✓	✓	-	10 bus. days
	Drip Sets (10-15gtts)	✓	✓	-	✓	✓	-	Immediate
	Drip Sets (60gtts)	✓	✓	-	✓	✓	-	24 hours
	Intraosseous Infusion Device	P	P	-	P	P	-	10 bus. days
	IV Catheters (assorted sizes)	✓	✓	-	✓	✓	-	Immediate
	IV Infusion Pump	O [E]	O [E]	-	O [E]	O [E]	-	24 hours
	IV D5W	O [E]	O [E]	-	O [E]	O [E]	-	24 hours
	IV Lactated Ringer's	✓ [F]	✓ [F]	-	✓ [F]	✓ [F]	-	Immediate
	IV Normal Saline	✓ [F]	✓ [F]	-	✓ [F]	✓ [F]	-	Immediate
	Padded Arm Boards	✓	✓	-	✓	✓	-	10 bus. days
	Stopcock (3- or 4-way)	✓	✓	-	✓	✓	-	10 bus. days
	Syringes/Needles (assorted sizes)	✓	✓	-	✓	✓	-	Immediate
	Volumetric Burette (100mL)	✓ [G]	✓ [G]	-	O	O	-	24 hours

	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Medications	Acetaminophen suppositories	✓	✓	✓	O	O	O	10 bus. days
	Activated Charcoal	✓	✓	✓	O	O	O	10 bus. days
	Adenosine	✓	✓	-	✓	✓	-	Immediate
	Albuterol solution	✓	✓	✓	✓	✓	✓	Immediate
	Amiodarone (injectable)	✓	✓	-	✓	✓	-	Immediate
	Amiodarone (admixture)	O[E]	O[E]	-	O[E]	O[E]	-	n/a
	Antacid	O	O	-	O	O	-	n/a

Medications (cont'd.)

Aspirin	✓	✓	✓	✓	✓	✓	Immediate
Atropine	✓	✓	-	✓	✓	-	Immediate
British Anti-Lewisite (BAL)	O	O	-	O	O	-	n/a
Calcium Chloride	P[H]	P[H]	-	P[H]	P[H]	-	n/a
Calcium Gluconate	O	O	O	O	O	O	n/a
Dextrose 25%	O	O	-	O	O	-	n/a
Dextrose 50%	✓	✓	-	✓	✓		Immediate
Diazepam (rectal gel preparation)	O	O	-	O	O	-	n/a
Diltiazem	P[H]	P[H]	-	P[H]	P[H]	-	n/a
Diphenhydramine (injectable)	✓	✓	-	✓	✓	-	Immediate
Diphenhydramine (oral)	✓	✓	-	✓	✓	-	24 hours
Dopamine Admixture	O[E]	O[E]	-	O[E]	O[E]	-	n/a
Epinephrine 1:10,000	✓	✓	-	✓	✓	-	Immediate
Epinephrine 1:1000 (amps or vial)	✓	✓	✓	✓	✓	✓	Immediate
Epinephrine Admixture	O[E]	O[E]	-	O[E]	O[E]	-	n/a
Epi-Pen autoinjector	O	O	O	O	O	O	n/a
Furosemide	✓	✓	-	✓	✓	-	Immediate
Glucagon	✓	✓	O	✓	✓	O	Immediate
Glucose (oral)	✓	✓	✓	✓	✓	✓	10 bus. days
Hydrocortisone Sodium Succinate	✓	✓	-	✓	✓	-	Immediate
Lidocaine (admixture)	O[E]	O[E]	-	O[E]	O[E]	-	n/a
Lidocaine (vials)	✓	✓	-	✓	✓	-	Immediate
Magnesium Sulfate	P[H]	P[H]	-	P[H]	P[H]	-	n/a
Midazolam	✓	✓	-	✓	✓	-	Immediate
Morphine	O	O	-	O	O	-	n/a
Naloxone	✓	✓	-	✓	✓	-	Immediate
Nitroglycerin	✓	✓	-	✓	✓	-	Immediate
Organophosphate Antidote Autoinj.	✓	✓	✓	✓	✓	✓	10 bus. days
Phenobarbital	P[H]	P[H]	-	P[H]	P[H]	-	n/a
Sodium Bicarbonate	✓	✓	-	✓	✓	-	24 hours
Syrup of Ipecac	O	O	O	O	O	O	n/a
Terbutaline	O	O	-	O	O	-	n/a
Tetracaine	P[H]	P[H]	-	P[H]	P[H]	-	n/a
Thiamine	✓	✓	-	✓	✓	-	24 hours
Verapamil	P[H]	P[H]	-	P[H]	P[H]	-	n/a

[A]: All private ambulance companies are excluded from carrying the emergency extrication tool kit, with exception of Class A-1 or A-1A vehicles

[B]: Immediate correction period applies to having emergency lights visible from all four corners of the vehicle. Remainder of vehicle's emergency lights have a 10 business day correction period.

[C]: All fire apparatus are exempt from carrying Level-C PPE.

[D]: A manual defibrillator is an acceptable substitute ONLY when the service is able to ensure the vehicle is staffed at all times by either ALS providers or EMT-Basics certified for Manual Defibrillation.

[E]: Vehicles stocked with admixture medications must be equipped with an IV Infusion pump, IV D5W, and PVC-free administration sets.

[F]: If the vehicle has only one or the other, the second has a 2 business day correction period.

[G]: Optional for vehicles equipped with an IV infusion pump.

[H]: Paramedic use only. Vehicles operating at the paramedic level must be stocked with Calcium Chloride, Magnesium Sulfate, and Verapamil. All other paramedic medications are optional for paramedic vehicles (and are not permitted on non-paramedic vehicles.) See special note below for additional information.

SPECIAL NOTE REGARDING PARAMEDIC-LEVEL VEHICLES: The Rhode Island Department of Health does not maintain a separate level of licensure for vehicles providing paramedic-level care, nor does the Department require that a service employing EMT-Paramedics stock its vehicles at the paramedic level. However, should a service wish to operate a vehicle at the paramedic level, then that vehicle must be stocked with the additional equipment, supplies and medications required for paramedic care under Rhode Island protocols (as indicated by a [P] in the columns above.)